PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

07/13/2007

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for patients are considerable.

or Fax

maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

NOVAK DRUCE & QUIGG, LLP

7590

28694

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United

| 1300 EYE STREET NW SUITE 1000 WEST TOWER | | | | addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | |
|---|--|--|---|--|---------------------|---------------------|--------------------------|--|
| WASHINGTON | I, DC 20005 | R | Røŝe Marie Henderson | | | (Depositor's name) | | |
| | | | // | ose mar | ii He | inders | (Signature) | |
| | | | Αι | igust 24, 2007 | | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 10/711,059 | 10/711,059 08/19/2004 | | Hans Stervik | | 7589.193.PCUS00 | | 9451 | |
| TITLE OF INVENTION | : DEVICE FOR ENGIN | E-DRIVEN GOODS V | /EHICLE | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TO | TAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$0 | | \$1700 | 10/15/2007 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | | |
| LEWIS, 7 | risha d | 3681 | 477-110000 | • | | | | |
| Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. | | | (1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney or a 3 registered patent attorney or 3 registered attorney | For printing on the patent front page, list) the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a gistered attorneys or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. I Novak Druce & Quigg, LLP | | | | |
| PLEASE NOTE: Unl recordation as set fortl | ess an assignee is ident h in 37 CFR 3.11. Comp | | N THE PATENT (print or type data will appear on the part of a substitute for filing and | ntent. If an assigned | | ed below, the doc | ument has been filed for | |
| (A) NAME OF ASSIC | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| VOLVO LAS | TVAGNAR AB iate assignee category or | categories (will not be | Goteborg, SE | Individual 🛛 Con | poration or | other private group | p entity 🔲 Government | |
| 4a. The following fee(s) are submitted: ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies | | | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1437 (enclose an extra copy of this form). | | | | | |
| * * | SMALL ENTITY statu | s. See 37 CFR 1.27. | ☐ b. Applicant is no long ed from anyone other than the Office. | er claiming SMALL | ENTITY s | status. Sec 37 CFR | 1.27(g)(2). | |
| | | | | | | | | |

Tracy W. Druce Registration No. 35,493 Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

Date August 24, 2007